

Adapt of Missouri
ITCD

Bootheel Counseling Services
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
ITCD

Comprehensive Health Systems
Inc.
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Family Counseling Center
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Family Guidance Center
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Hopewell
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Independence Center
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Mark Twain Behavioral Health
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Mineral Area
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New Horizons
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North Central MHC
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Ozark Center
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Ozarks Healthcare
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Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
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ReDiscover
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St. Patrick Center
ACT

Swope Health Services
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Tri-County Mental Health
ITCD, DBT

Truman Behavioral Health
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Evidence Based Services Newsletter

- * **ASSERTIVE COMMUNITY TREATMENT (ACT) WEB PAGE—
CLICK HERE**
- * **INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS
(ITCD) WEB PAGE—CLICK HERE**
- * **DIALECTICAL BEHAVIOR THERAPY (DBT) WEB PAGE—
CLICK HERE**

SPRING 2022

EDITION 3

Hello from DMH by Lori Norval

Greetings everyone, from DMH. With our transition into spring weather we are all hoping to also see a transition into more “normal” operations of our programs. We have experienced extraordinary conditions—with workforce shortages, illnesses, unusual crisis situations and a need for highly creative work-arounds to address these situations. Many of you emerged as “heroes” during this stormy period.

It is important to recognize how these types of situations can actually make teams and programs stronger. Thinking out of the box, collaborating for a greater cause, stepping up and really “surviving” a great challenge such as we’ve had these past two years, fosters resiliency and stamina for a team.

It might be a good time to sit back together with your teammates and take account of what you’ve experienced and how you adapted to get through it all. Additionally, what was gained by the team though the process? How are you a better, more cohesive team? How might things have been handled differently if we knew what we do now? How will our clients benefit from our experience?

These are healthy assessments to conduct as a group, individually and as a program. It is also time to celebrate our achievements and to recognize our strengths. Healthcare services is a field that can be thankless at times. Most individuals who chose the healthcare career, especially mental health, are

very special and have a strong desire to make a difference for someone. There are so many tools for healthcare providers to use in order to really start helping individuals quickly. Motivational Interviewing, understanding the stages of change and treatment, various empirically supported therapy modalities and wellness and recovery tools are all things we can use to more effectively reach out to our clients and promote change for the better.

As care providers, an important goal is to ensure our own ability to help others is managed well. Our physical, mental and emotional health is of utmost importance. Do we attend to our own health as well as we do for others? What tools do we have in our own toolbox for wellness? Do we identify when we need to use them and make the time to do so? Often times, it is a co-worker, supervisor or even a client that brings to our attention the need for our own self care.

As we experience the fresh start that spring is all about, perhaps it is also a good time to develop a fresh perspective about our work, our effectiveness at helping relationships and our own self care. That perspective may lead us toward new goals and aspirations that can help us be better at who we are and what we do.

Happy Spring! Thank you for all you do.



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

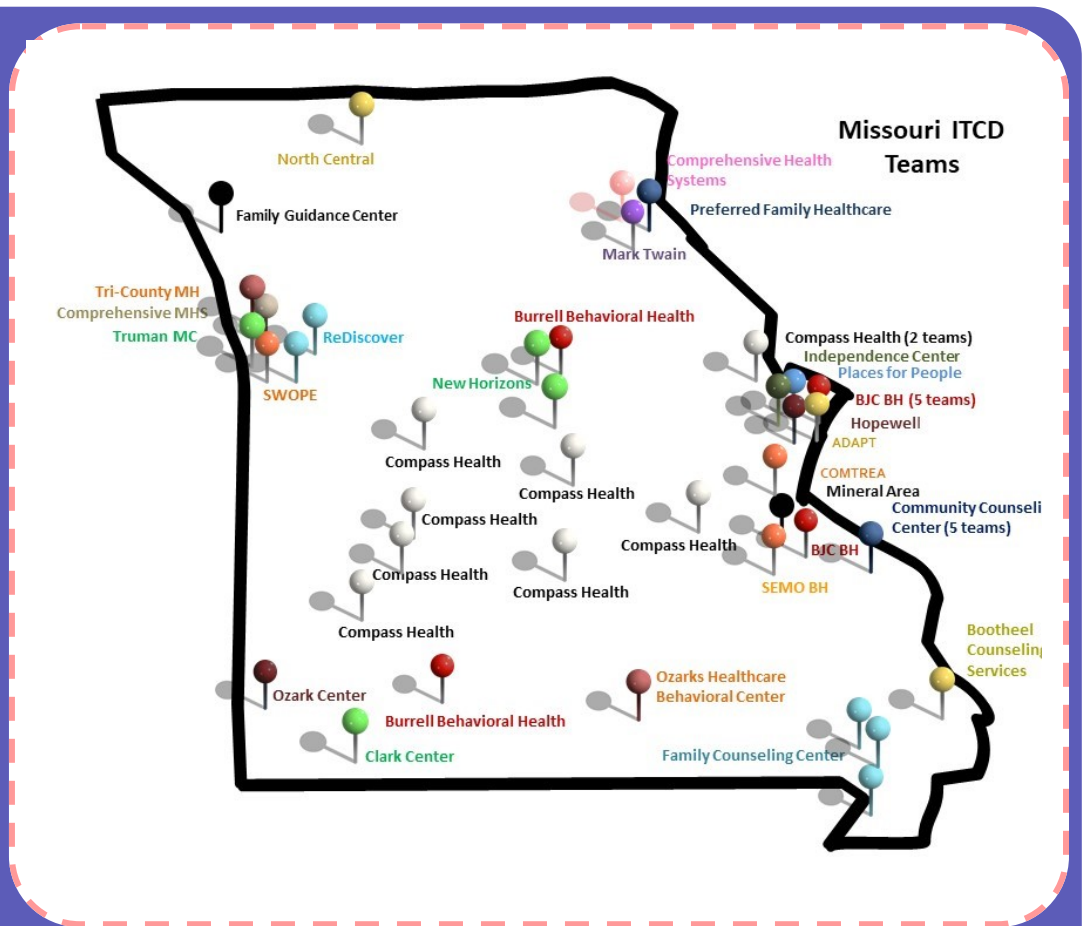
Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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RVRC is back in person 2022!

The **Real Voices – Real Choices Conference** returns to Osage Beach and the Margaritaville Lake Resort (formerly known as Tan-Tar-A) in August.

Mark your calendars for August 28-30, 2022.

Scholarships will be available for the 2022 event and we will be in touch soon with more details about the conference. Stay tuned!

<https://www.missourimhf.org/real-voices-real-choices-conference/>



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged Youth

Harvard for Developing Child <https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network <https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

<https://www.samhsa.gov/resource/ebp/integrated-treatment-co-occurring-disorders-evidence-based-practices-ebp-kit>

TEAM MEMBER SPOTLIGHT

Name: Donald Dawson

Team/Location: Burrell Behavioral Health S.W.

Position/Role: ACT-TAY R.N.

Favorite thing about working on an EBP team: I love the opportunity to actually be able to make a difference in the lives of traumatized young people through education, modeling and encouragement. It's very rewarding and humbling to be able to earn their trust and know I may be the very first person that has believed in them.

Favorite Food or activity: My greatest stress relief is baking bread!

Something to share with other EBP teams: This can be a very difficult job. It's easy to become discouraged. When I start feeling down I tell myself it's not about my definition of success, it's about their definition of success. My job is to help them live their best life, care and encourage. Most of the kids I work with have never had anyone that believed in them. I do hang on to every small breakthrough with my clients.

Fidelity Corner

DBT Group Skills

Item #5 in the DBT Fidelity Tool Is Group Skills Training. In this item, reviewers are looking at the structure and agenda of the groups as well as the content. Individuals in the first stage of treatment for DBT (Stage One) benefit from skills group training. This form of psychiatric rehabilitation and training is essential for them to learn effective coping skills relating to their difficulties in many areas of functioning. In particular, for the team to achieve high fidelity to this item, the following are reviewed:

- Stage One therapy requires participation in skills training.
- This mode of treatment consists of a weekly group conducted in a classroom type format
- Groups meet for 2-2 ½ hours each week, with up to eight members per group.
- Every effort is made to ensure that individuals in Stage One of DBT attend group skills training. Rare circumstances (e.g., due to medical or psychological symptom severity or lack of an available group) could result in a missed group.
- Clients may also receive skills training individually. This is reviewed with the team.

In fidelity reviewing, evidence that the model is followed per the above is examined. This will include staff interview questions, review of an up-to-date group schedule, the DBT Team Survey (pre-review item), progress notes or other documentation that reflect which skills or page of the manual is being worked on.

You can receive specific technical assistance from DMH staff. They are happy to assist!

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Psychiatric Rehabilitation The HEART & SOUL of ACT

Services *by Carolyn Sullivan*

In addition to specific client-driven treatment plan goals, what are the overall goals for clients receiving ACT services? The answers can be concrete - such as independent living, recovery regarding mental health symptoms and possibly substance use, staying out of the psychiatric hospital, etc. But **HOW** do we get to those concrete goals as well as those overarching goals? One of the most important tools in our toolkit is psychiatric rehabilitation, also referred to as psych rehab.

There's some confusion about what it is. The best word to describe it is this: Teaching! Psych rehab is going through a process with a client so when it's over, they can do that chosen "something" on their own. And the "something" can be anything that the client needs to be able to do to live independently - without the ACT team. Remember, we need to always be of the mind that we are working to help the client not need ACT services.

Psych rehab is ACTION. Is it something you do actively with your client. This is the commonly accepted description of the process - Model the skill; teach the skill; observe, coach, and support as the client attempts the skill; practice; check in to follow up that they are successfully using the skill; and finally, fade services for that skill. The "something" being taught can be things such as budgeting, housekeeping, transportation management, cooking, social situation navigation, time management, or prioritization skills, as well as safety planning, hygiene training, bill paying, or landlord relationships. The list is endless! As you can see, psych rehab IS NOT case management. Psych rehab IS one of the things that makes an ACT team, well, an ACT team! The heart and soul of ACT is NOT checking in on the client, seeing how they are doing, checking their mental status, talking about recent and upcoming events in their lives, seeing what their current needs are, and providing the community resources they need. While this information is important and needs to be addressed, ACT takes our interaction with clients to a much higher level.

Here is a simple, quick example: the client wants to learn cooking skills so they can live independently. Through your interaction with the client, you learn that they love grilled cheese sandwiches and want to be able to make their own. Time to get to work! How do we provide psych rehab concerning a grilled cheese sandwich? We teach exactly how to do it using the process outlined above. Let's break it down. We

need a couple of slices of cheese, a couple of slices of bread, margarine, a stove, a pan, a butter knife, and a spatula. We also need knowledge of how hot the burner needs to be, how to spread the margarine on the bread, how much to spread, etc. We would teach how to put the bread, margarine side down, in the pan, add the cheese, spread some margarine on the other slice of bread, and put it on top of the cheese with the margarine side up. We would need to know how to check and see if it's ready to turn over - what does it look like? Maybe this will happen - "Oops, that's burned", so the client learns they left it on the burner too long before turning it over (much needed ability to judge timing), so they will need practice. As an ACT team member, you walk along with your client on every step, then, once mastered, begin teaching how to apply that new knowledge to cooking other foods.

Another quick example - money management. For a possible first step, we recognize the need for a budget. We may assist the client in making a list of expenses and income. This would provide the opportunity to teach many thinking skills instead of just writing down numbers, such as financial priorities and goals, needs vs. wants, etc. Or, we may start by assisting the client in finding information online about how to tackle money management. You may find many free resources and worksheets to use. The point is this: be creative! There's usually no "right" way to teach or learn something. Adapt your interventions to the client's needs. Remember, all our efforts are person-centered, individually provided, and driven by goals, objectives, and interventions listed in the client's treatment plan. And while walking side-by-side, step-by-step with a client down the road of psych rehab, we are providing and explaining choices about how to do the "something".

Now that we've provided psych rehab with a client, how do we document it in our progress notes? In a nutshell, write down exactly what you did with the client. It's really that simple. Use action words like taught, explained, showed, guided, had client practice, provided feedback on, etc. etc. AVOID stating "provided psych rehab" on your note UNLESS followed up by a description of what exactly was done. Think about it this way - an independent reader should be able to tell what happened during the intervention. If the words "provided psych rehab" were standing alone, the reader would have no idea what the intervention looked like.

I hope this brief tutorial on psychiatric rehabilitation has been helpful. Our DMH fidelity team provides in-depth training on this topic upon request.

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**Online Manuals:**

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT here:
<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

Have questions about WRAP trainings? Contact lori.franklin@dmh.mo.gov

To request training from our You-Tube recorded library,

[CLICK HERE](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Institute for Best Practices (TMACT website)

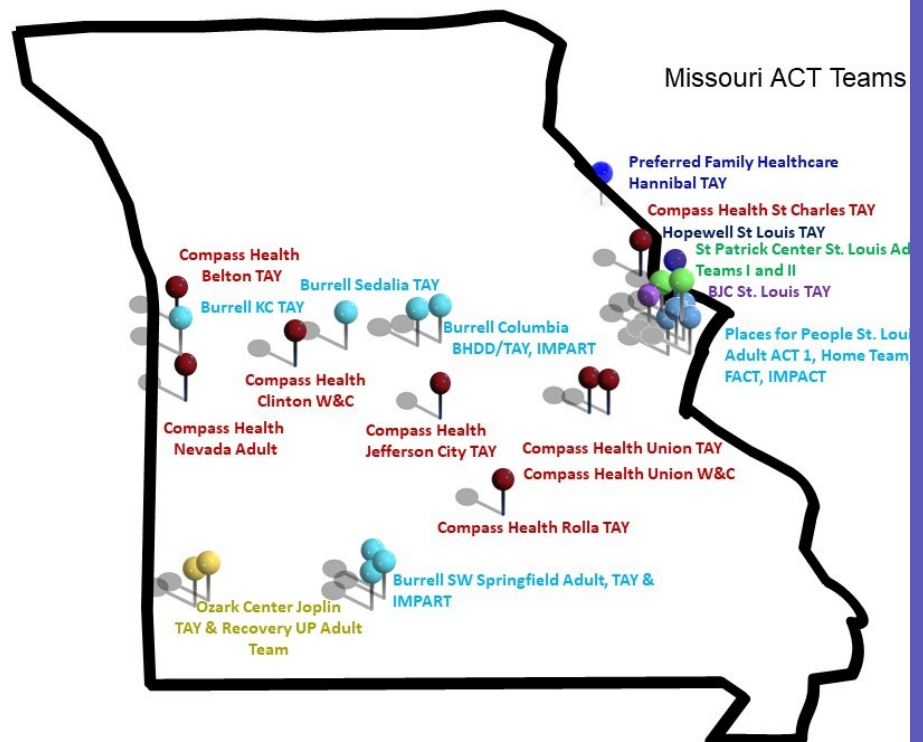
<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

[CLICK HERE](#)



Take the free **SOAR** online training course by visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

DMH Spring Training Institute

May 19-20, 2022

Live Online

Register Today!

Don't miss out on the *premiere behavioral health event* in 2022!

The DMH Spring Training Institute will be brought to you in a virtual format again this year. The same great presentations and variety, but now from your office or home.

For more information and to see the schedule, go to:

SpringTrainingInstitute.com

ACT Program Assistant Recipes

By Alina Dean

My husband's grandmother passed down a recipe for chocolate gravy to me. She made it for him when he was a kiddo, and he still asks me to make it all the time! I had no idea chocolate gravy was a thing, but it is delicious and at 31 my husband still asks me to make it regularly!

Ingredients:

1/2 cup cocoa
3/4 cup sugar
1/2 cup flour
3 cups milk
1 tsp vanilla

Instructions

Add the cocoa, sugar and flour to a skillet and stir in the milk as you pour it in so that there are no lumps. Cook over medium heat until the gravy thickens. Add in the vanilla until it is incorporated into the gravy. I like to add a spoonful of butter as well but that's just personal preference :) Definitely pairs best with homemade buttered biscuits!

Missouri

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NAMI Support
Group listings
can be found at:
<https://namimissouri.org/support-groups/>



DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

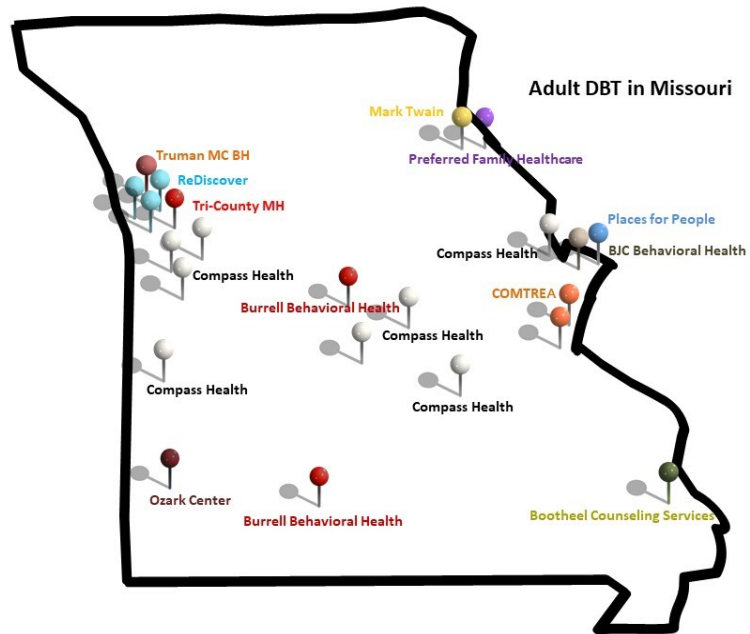
[Click Here](#)



Supporting Excellence in Behavioral Health

60 YEARS

[http://www.nasmhpd.org/content/early-intervention-
psychosis-eip](http://www.nasmhpd.org/content/early-intervention-psychosis-eip)



Introductory DBT Training in May! There is now a cost associated with this training (250.00 or 200.00 for early birds). Registration link:

https://www.dbtmo.org/DbtMo1.0/Training/Event/Ev_Schedule.aspx

If you are on a team for an **administrative agent (CMHC)**, there will be **50 FREE** slots sponsored by DMH and the Behavioral Health Council. Please contact Linda Nolte at linda.nolte@dmh.mo.gov if you are interested in filling one of these slots either for yourself or for an interested staff member. We will be collecting a list of names and will be filling slots on a first-come-first-served basis, combined with possibly putting a limit on the number of seats for each agency.

Other training opportunities:

* "Secondary targets by character" model teaching video linked here:

https://www.youtube.com/watch?v=BlrG_n4lcXY

* Below is a training opportunity with Francheska Perepletchikova on teaching caregivers to increase love/validation with children in DBT:

<https://ebpne.com/talks/Perepletchikova/>

* Training with the Treatment Implementation Collaborative on dealing with intense therapy interfering behaviors:

<https://www.shop.ticllc.org/When-Therapy-Blows-Up-Treating-Therapy-Interfering-Behavior-Treating-TIB-2022.htm>

Advanced Case Conceptualization in Dialectical Behavior Therapy© www.shop.ticllc.org

ONLINE Advanced Case Conceptualization in Dialectical Behavior Therapy. February 2020. Instructor: Shari Manning, Ph.D.

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If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.
skerbyconsulting@gmail.com

DBT fidelity reviewing is underway in 2022! Reviews occur for adult and adolescent programs once every 2 years. Check to see in what month/year your team is scheduled by contacting Lori Norval lori.norval@dmh.mo.gov

Motivational Interviewing Corner

By Scott Kerby

The Spirit of Motivational Interviewing Must Guide the Skills

A recent discussion on some of the more technical skills of MI really highlighted the need to bathe every part of MI in the Spirit: compassion, acceptance, partnership, and evoking. A clear example of this comes with the skill "Agreeing with a Twist". Agreeing with a twist is often used as a response to Sustain Talk. The first part of our response is agreeing with the client, and the second half is a reframe (the "twist"). This can be a wonderful skill that can help a conversation to avoid getting stuck in the mud of sustain talk--and with great eagerness, new MI practitioners can charge off into the wild with this new technique. Used improperly, however, this skill can quickly become cover for the righting reflex "fix it" mode that erodes rapport and partnership. It can become a subtle manipulation to steer the client where we want them to go.

David Rosengren explains that our mindset with this skill is key. If we are doing something to a client in the hope of achieving our particular aim then we have probably lost our way. The idea here is that we are doing our best to see from a client's view, and agreeing to something they are seeing. This can be communicated through simple agreement, a surface reflection, or possibly a deeper complex reflection. As for the reframe, Rosengren states, "It's as though we've now looked at something together and I've said, 'I see what you're looking at there--that's interesting' and then we turn together to face a new vista or perspective." The main thought with this technique is that now the client and I are looking at something new **together**, and seeing what makes sense for the client in this new direction.

We have to be on guard against losing the Spirit in our interactions with clients. MI loses quite a bit of its magic when we begin to allow the righting reflex to discreetly guide our conversations.

Thanks for reading, and until next time, keep reflecting.

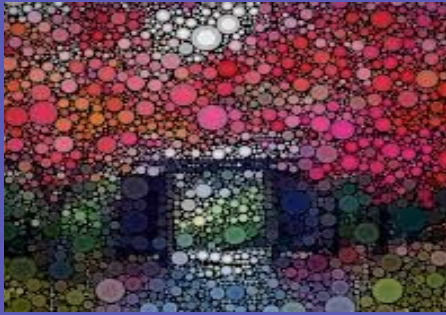
MIMH Professional Training presents:

Compassion Fatigue for Behavioral Health Workers - Live Online - April 12 - Free Program

WHAT YOU WILL LEARN

- * Define and discuss the impact of trauma, vicarious trauma, and burnout on professional and personal wellbeing
- * Describe individualized self-care and resiliency strategies to mitigate the damaging impacts of trauma and associated stress responses
- * Identify compassion fatigue and burnout warning signs
- * Discuss implementing systematic change and support; policies and procedures

Register Today at: <https://mimh.configio.com/pd/2491/compassion-fatigue-for-behavioral-health-workers-041222>



Arts & Literature

Expression

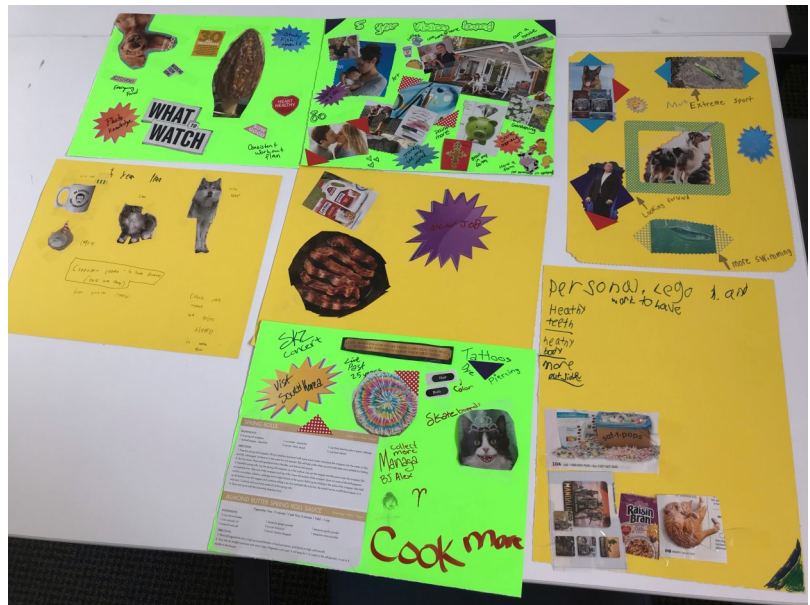


Creativity



Submitted by: Places for People Home ACT Team. Art gifted to the team by one of their persons served.

Story boards,
submitted by
Columbia ACT-
TAY team



SUBMIT ART, POETRY, PHOTOS, TESTIMONIALS, SHORT STORIES, PHOTOS OF PAINTINGS, SCULPTURE, ETC. TO LORI.NORVAL@DMH.MO.GOV WITH YOUR CLIENT'S PERMISSION AND WHETHER THEY WISH TO HAVE THEIR NAME AND LOCATION LISTED ALONG WITH THE ART.